

Petition Inpatient Hospice – 4
Received Regarding Proposed 2008 State Medical Facilities
Plan

Attached are:

1. Petition from Haywood Regional Medical Center Hospice.
2. Written comment received.

PETITION

Petition for a Special Need Adjustment to the 2008 State Medical Facilities Plan For Haywood County

PETITIONER:

Home Care Services of Haywood Regional Medical Center
dba/ Haywood Regional Medical Center Hospice
560 Leroy George Drive
Clyde, NC 28721

Jenny C. Williams, Hospice Program Manager
Telephone: (828) 452-8292
Facsimile: (828) 452-7078

DFS Health Planning
RECEIVED

JUL 23 2007

Medical Facilities
PLANNING SECTION

REQUESTED CHANGE:

Haywood Regional Medical Center Hospice requests an adjusted need determination to include three additional inpatient beds for a total need of six beds.

REASONS FOR CHANGE:

Our community's needs for Hospice are eminent. Haywood County's population continues to grow. In 2005, people over the age of 65 represented 20% or 11,000 of our community members. Projections for 2010 indicate that the number of people here over the age of 65 will increase to nearly 24%. Haywood County significantly exceeds the state's percentage of 12% and neighboring counties' rates of growth in the senior population.

Our increase in hospice care reflects population growth. Over the last five years, the number of patients HRMC Hospice served has risen 80%. During 2006, Hospice served 263 families, an increase of 22% from 2005. The substantial growth in patient and family care requires a strategy for dealing with our community's end-of-life care concerns.

In addition to the aging population, the needs and expectations of the people we serve indicate that dying at home is not priority for the majority. In 2006, 99% of patients served by HRMC died in the location of their choosing. And, 53% of those patients died in places other than home. 31% died in a hospital. This makes hospice inpatient care necessary. The advantages to patients receiving inpatient care in a hospice unit vs. other inpatient settings are evident.

- End-of-life care is the primary focus in a hospice unit which translates to staff training and care focused on palliation and counseling to this special group of people.
- A hospice inpatient unit is designed to be a homelike atmosphere to provide peace of mind for the patient and more comforting surroundings for family accommodation.
- Costs of running the facility reflect only hospice costs and quality assurance, services, and utilization review are controlled.

In 2004, our county received a grant to investigate the needs of the aging population. From the surveys and town hall meetings administered in each community, an inpatient hospice unit was ranked high in the top ten needs and creation of a hospice facility in Haywood County was clearly supported. Community members recognize that there is a facility in Buncombe County but the waiting list is long and the 40 to 60 minute drive one-way is unmanageable for the elderly. Patients often die before a bed becomes available and elderly spouses are restricted from visiting their loved ones because of their limited driving ability or availability of transportation. There are

no existing beds in the counties west and south of Haywood and projections indicate the need for ten additional beds in those counties.

We believe that in our county, the need for inpatient hospice beds cannot be based on total days of care alone. We request that you consider the needs and desires of Haywood County residents which includes the fact that almost one third choose not to die at home. In addition, our aging population rate is growing at a faster rate than the state average.

HRMC Hospice requests that the State Medical Facilities Planning Board increase the allocation of hospice beds in Haywood County to a total of six beds.

Thank you for your consideration.

Asheville PH
July 13, 2007
Hospice

COMMENTS ON THE PROPOSED 2008 STATE MEDICAL FACILITIES PLAN FOR HAYWOOD COUNTY

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